

2668

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TRANSMITTAL FORM

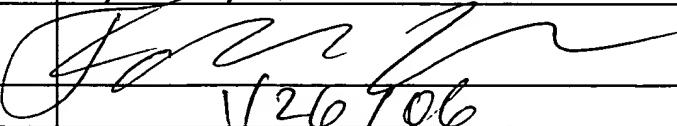
(to be used for all correspondence after initial filing)

| | | | |
|---|----------------------|------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/990,059 | |
| | Filing Date | 11/20/2001 | |
| | First Named Inventor | Brent, Jason B. | |
| | Examiner Name | Blount, Steven | |
| | Art Unit | 2668 | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 01CON263P |

ENCLOSURES (check all that apply)

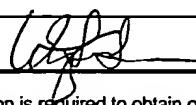
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Form PTO-1449 2. Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

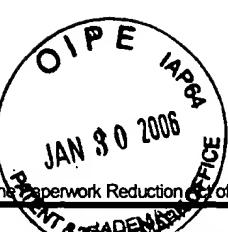
| | |
|-------------------------|---|
| Firm or Individual name | Farshad Farjami, Esq., Reg. No. 41,014 Farjami & Farjami, LLP. |
| Signature |  |
| Date | 1/20/06 |

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|----------------------|---|------|---------------|
| Type or printed name | Lesley L. Ning | | |
| Signature |  | Date | Jan. 26, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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PATENT & TRADEMARK OFFICE
EXAMINER: 128/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant Claims small entity status. See 37 CFR 1.27

Complete if Known

| | |
|-------------------------|-----------------|
| Application Number | 09/990,059 |
| Filing Date | 11/20/2001 |
| First Named Inventor | Brent, Jason B. |
| Examiner Name | Blount, Steven |
| Art Unit | 2668 |
| TOTAL AMOUNT OF PAYMENT | (\$180.00) |
| Attorney Docket No. | 01CON263P |

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-1867 Deposit Account Name: Mindspeed Technologies, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

| | |
|----------|----------|
| Fee (\$) | Fee (\$) |
| 50 | 25 |

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

| | |
|----------|----------|
| Fee (\$) | Fee (\$) |
| 200 | 100 |

Multiple dependent claims

| | |
|----------|----------|
| Fee (\$) | Fee (\$) |
| 360 | 180 |

Total Claims

| | | |
|---------------------|-----------------|----------------------|
| <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 31 = | x | = |

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

HP = highest number of total claims paid for, if greater than 20

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 3 or HP = | x | = | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

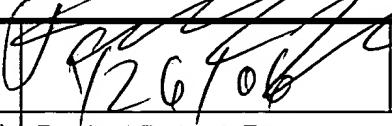
Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of an Information Disclosure Statement (Fee Code 1806)

| |
|-----------------------|
| <u>Fees Paid (\$)</u> |
|-----------------------|

| |
|-----------------|
| <u>\$180.00</u> |
|-----------------|

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 41,014 | Telephone | (949) 282-1000 |
| Name (Print/Type) | Farshad Farjami, Esq. | | | Date | 1/26/06 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: **Brent, et al.**

Serial No.: **09/990,059**

Filed: **November 20, 2001**

For: **Communication Model for Linecard Modems**

Art Unit: 2668

Examiner: Blount, Steven

INFORMATION DISCLOSURE STATEMENT

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

In this Information Disclosure Statement and pursuant to 37 C.F.R. §§ 1.56 and 1.97, Applicants hereby disclose to the Patent Office patents, publications or other information of which Applicants are aware. A list of U.S. patent numbers is included in Form 1449 submitted herewith.

The items identified in this Information Disclosure Statement may or may not be "material" as defined in 37 C.F.R. § 1.56, and the submission thereof by Applicants is not to be construed as an admission that any such patent, publication or other information referred to is material or considered to be material (37 C.F.R. § 1.97(h)), or even qualifies as "prior art" under 35 U.S.C. § 102 with respect to the present invention unless specifically designated by Applicants as such. Identification of any reference or patent herein is not an admission, nor is it to be construed as an admission, that it was invented prior to the invention disclosed herein.

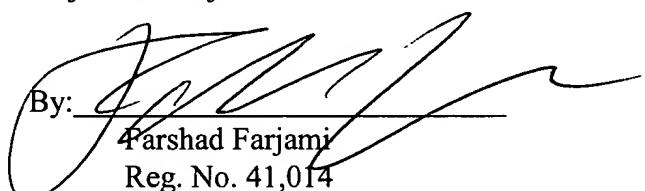
The filing of this Information Disclosure Statement is not to be construed to mean that a search has been made or that no other material information, as defined in 37 C.F.R. § 1.56, exists.

In accordance with 37 C.F.R. § 1.97(c)(2) and §1.17, a Fee Transmittal Form (SB/17) is enclosed to provide authorization in charging \$180.00 to Deposit Account Number 50-1867 for filing this Information Disclosure Statement, since it is being filed before the mailing date of either a final action or a notice of allowance.

The Commissioner is hereby authorized to charge or credit Deposit Account Number 50-1867 for any deficiency or overpayment in the fees required for the filing of this Information Disclosure Statement.

Respectfully submitted,
Farjami & Farjami LLP

Dated: 1/26/06

By: 

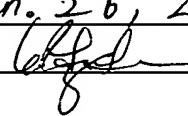
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CERTIFICATE OF MAILING

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Date of Deposit: Jan. 26, 2006

Signature: 

Lesley L. Ning

Typed or Printed Name of Person Mailing Paper and/or Fee



FORM PTO-1449

LIST OF PATENTS AND OTHER ITEMS
FOR APPLICANT'S INFORMATION
DISCLOSURE STATEMENT

(Use several sheets if necessary)

ATTY. DOCKET NO.
01CON263P

SERIAL NO.
09/990,059

APPLICANTS:
Brent, et al.

FILING DATE:
November 20, 2001

GROUP ART:
2661

U.S. PATENT DOCUMENTS

| Exam. Initials | | DOCUMENT NUMBER | DATE | NAME | CLASS | SUB CLASS | FILING DATE |
|-------------------|---|-----------------|---------|----------------------|-------|--------------|----------------|
| | 1 | 6,498,806 | 12/2002 | Davis, Gordon Taylor | | | |
| | 2 | 6,954,463 | 10/2005 | Ma, et al. | | | |
| | 3 | 6,785,340 | 8/2004 | Stockman, et al. | | | |
| | 4 | 6,212,228 | 4/2001 | Vlajnic, Milan | | | |
| | 5 | 6,396,911 | 5/2002 | Kostan, et al. | | | |
| | 6 | 6,075,776 | 6/2000 | Tanimoto, et al. | | | |

FOREIGN PATENT DOCUMENT

| Exam. Initials | | DOCUMENT NUMBER | PUBLICATION DATE | COUNTRY OR PATENT OFFICE | CLASS | SUB CLASS | TRANSLATION | |
|-------------------|---|-----------------|---------------------|-----------------------------|-------|--------------|-------------|----|
| | | | | | | | YES | NO |
| | 1 | | | | | | | |
| | 2 | | | | | | | |

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)

| | | |
|--|---|--|
| | 1 | |
| | 2 | |

EXAMINER:

DATE CONSIDERED:

EXAMINER: Initial if reference is considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include a copy of this form with next communication to applicant.